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APPLICANTS

Joseph L. Witztum, San Diego, CA;

Sotirios Tsimikas, San Diego, CA;
Wulf Palinski, San Diego, CA; Peter X. Shaw, San Diego, CA;

** CONTINUING DATA *****

This application is a CON of 09/699,131 10/26/2000 PAT 6,716,410
which claims benefit of 60/161,493 10/26/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	0	19	1

ADDRESS

41790
 BUCHANAN INGERSOLL LLP
 (INCLUDING BURNS, DOANE, SWECKER & MATHIS)
 12230 EL CAMINO REAL
 SUITE 300
 SAN DIEGO, CA
 92130

TITLE

Methods for diagnosing, imaging and treating atherosclerotic disease

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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